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SPONTANEOUS GENERATION OF PRUSSIC ACID IN A MEDICAL COMPOUND.

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I DO not know that the attention of the medical profession has heretofore been called to the fact that alkaline combinations with organic matters, at least sometimes generate *hydrocyanic acid.* Nor did it present itself to my own mind until recently. I think it should claim the notice of those who are interested in the treatment of disease, as well as of those who are engaged in pharmaceutic chemistry.

The short train of events leading to the development of this fact was as follows :—

A young physician applied to me on account of an attack of sickness the day before, for which he could assign no satisfactory reason. He said that while he was engaged in reading, he suddenly became unconscious, and remained so for half an hour, according to the statement of his wife. After he revived sufficiently to walk about, he said he felt half bewildered, and found that his powers of recollection were greatly impaired, if, indeed, they were not sometimes entirely gone.

He could not attribute it to anything inhibited, unless it was a preparation of carbonate of potash and tincture of hyoscyamus which a distinguished Eastern physician had prescribed for him, and which he had repeatedly taken before, without any ill effect.

As the patient belonged to the class of dyspeptics, I was at first inclined to attribute his attack to some ordinary gastric derangement displaying itself upon the nervous system; but on further reflection and consultation with him, I learned that the preparation of which he took the dose in question (a teaspoonful), was one that he had made some time before and laid aside.

This consideration induced me to make a chemical examination of the contents of the vial. At the bottom of the vessel there was a copious, pure white, delicate deposit; the supernatant fluid was clear, and had a suspicious odor, which led me to test for prussic acid. There was a perceptible fermentation going on in the liquid.

The white sediment was collected on a filter, washed and subjected to the action of acids, and also to the red heat of a platinum spoon.

But none of these agents produced any sensible impression upon it. I then exposed it to the heat of a blow-pipe flame, with carbonate of soda, and obtained, what I anticipated, silicate of soda. The *silica* was probably derived as an impurity from the carbonate of potash, which entered into the composition of the medicine.

The filtrate was received into a wide-mouthed vial; and the mouth covered with a slip of glass moistened on the under side with nitrate of silver in solution. In a short time, the solution was observed to become opake and white. This white film was treated with NO_5, without effect; but cyanide of potassium immediately dissolved it.

The mouth of the vial was now covered with another piece of glass moistened with NH_4 S, HS. After some minutes the glass was removed, and the moisture, now milky, gently evaporated. To the dried residue a solution of persulphate of iron was applied by means of a glass rod drawn over the surface. The modena red streaks which appeared, confirmed the former results with Ag NO_5, and left no doubt of the presence of *hydrocyanic acid.*

As further evidence, however, of the existence of HCy in the fluid, I added to the filtrate (about an ounce of it) solution of Ag NO_5, till all precipitation ceased. The precipitate was collected and washed, and NO_5 added. By this means the carbonate of silver, &c., were removed. The undissolved residue was washed, and was found to be soluble in cyanide of potassium; and to be decomposed by HCl with liberation of the prussic acid odor.

This was the extent of my analysis. The reader must judge for himself whether I found sufficient cause for the alarming symptoms manifested by the patient. He took no more of the medicine. More than a month has elapsed since the attack, and there has been no return of the symptoms.

Judging from the presence of HCy in the fumes over the soap kettle, and in the odor of *crude* potash, I suspect it will be found, that with moisture, potash and carbonate of potash, by their re-action on organic matter, generally generate this dangerous remedial agent.—*American Journal of Pharmacy.*

THE YELLOW FEVER IN PHILADELPHIA.

[The last number of the Transactions of the College of Physicians of Philadelphia contains much information concerning the fever which was prevalent in certain parts of that city in July last. Its origin seems to be traced to the barque Mandarin, which arrived there on the 13th of July, from Cienfuegos, which place she left on the 25th of June, having lost two men by fever during the passage. At the meeting of the College, August 3d, Dr. W. Jewell presented a history of the fever, from which we copy the concluding portion.]

From all the facts above recited, we may be warranted in drawing the following conclusions :—

1. That no disease of a malignant type was prevailing in our city previous to the arrival of the Mandarin.

2. That none of the seamen discharged from the Mandarin have sickened.

3. That none of the laborers employed in unloading the Mandarin have taken the disease.

4. That the fever did not develope itself until after the cargo was discharged; when, it is believed, the noxious emanations which had been latent in the hold, under the limbers of the vessel, had an opportunity (acted upon by certain exciting causes, as heat and moisture) to disseminate itself, and, coming into contact with other elements of decomposition existing on shore and in the docks, soon poisoned the atmosphere of the immediate neighborhood where the barque lay moored.

5. That in no instance can the disease be traced to any individual, except among those who either visited or resided in the immediate vicinity of South and Lombard street wharves.

6th. In no case has the disease been communicated to any person visiting, or engaged in attendance upon the sick.

7. Up to this period, not a single instance can be met with, having its origin to the south of where the Mandarin lay last.

[At the meeting of Oct. 6th, the subject was again brought up by the members.]

Dr. J. Wilson Moore remarked that his location had given him an opportunity of witnessing several of the cases of fever prevailing in the infected district. For a few days past he had not seen or heard of any new case, and he believed the disease was now rapidly declining.

The fever had unquestionably been a very malignant one; he considered it genuine yellow fever. It was confined mostly to the locality included between Lombard and Almond streets on the north and south, the River Delaware on the east, and Front street on the west. Some of the cases which fell under the notice of Dr. Moore were attended with but slight re-action, marked with great prostration, pains in the back and limbs, injection of the eyes, irritability of the stomach, and tenderness at the epigastrium. In other cases re-action was more decided, and of a more inflammatory character; pulse 110, with some tension. The cases attended with slight re-action and prostration were treated with stomachics, morphia, diaphoretics, aided by external warmth, turpentine, ammonia, and, when occasion required, mild cathartics. Those in which the reaction was decided, and the general aspect inflammatory, were treated by venesection, cups or leeches to the head and epigastrium, laxatives, diaphoretics, and the antiphlogistic remedies generally. The success of the treatment has not, however, been marked; the milder cases mostly yielded to venesection or sweats, with mild diaphoretics and cathartics; the more violent generally sank under any mode of treatment that was instituted.

One case, the doctor remarked, was to him particularly interesting.

A gentleman of full habit, strong and athletic, was attacked by a slight chill, which was treated by his wife with frictions of warm whiskey to the extremities, external warmth and other simple remedies. Dr. Moore

saw him five hours subsequent to the attack. Fever had then set in, with pain of the head, back and limbs, and some tenderness of the epigastrium; pulse about 110, with but little tension. Dr. M. immediately tied up the patient's arm, and drew off about twenty ounces of blood, and directed calomel and Dover's powder, half a drachm of the first, and one scruple of the latter, divided into four powders, which the patient was to take during the night, drinking at the same time warm snake-root tea; and to have warm bricks applied to his feet, and to be covered with blankets. A profuse perspiration was thus induced. In the morning, the doctor found his patient with diminished fever; but still complaining of some pain in the head. He was now cupped upon the temples, and this was followed by leeches, and a blister to the epigastrium. In the course of the day his fever remitted, and his pulse sank to 86. On the third day, the pain in his head ceased; and the surface of the body exhibited a tendency to coolness; turpentine julep and wine whey were then administered. He now appeared to convalesce, and continued to mend until the latter part of the fifth day, when an unexpected change took place; he sank rapidly, and died about 4 o'clock, P.M., the succeeding day.

The remedies all acted satisfactorily, producing the effect expected. With one exception, the odor attendant on the administration of turpentine was not perceptible in this, or any other case where it was given.

The blood drawn coagulated readily, but exhibited no buffy coat; the clot was soft, allowing a pin to be passed through it with great ease, and in every direction. The patient exhibited a slight yellowness of the skin.

Upon an examination of the body after death, the only morbid appearances detected were in the stomach. This viscus contained about half a pint of black vomit. There was a general injection of the vessels of the stomach, and especially about the cardiac portion, giving the appearance as though this part was surrounded by a dark ring. When the liver was cut into, blood followed the incisions, and, on cutting into the kidney, no smell of turpentine was discoverable.

Dr. Moore was pleased with the result of the sweating practice in the cases which fell under his notice.

In one case, in consultation with Dr. Gegan, quinine was administered without any good result. The fever had intermitted, and convalescence appeared to have set in; but, in a few hours after the quinine was given, hemorrhage from the tongue, gums, bowels, &c., took place, and it was only by the assiduous administration of turpentine, ammonia, wine whey, nourishment, and other appliances, that the patient was saved.

From the use of turpentine in the latter stages of the attack, Dr. Moore has seen the best results; he considered it, with yeast and diffusible stimulants, as important in the stage of apyrexia, as bleeding in the early stage of the decidedly inflammatory cases.

Dr. Moore referred to two cases attended with black vomit, dark-colored discharges from the bowels, hemorrhages from the gums, &c., and the utmost prostration, which were seen by him in consultation on the seventh and ninth days after the attack. Under the use of turpentine,

ammonia, and other stimulants, the patients are now so far recovered as to sit up, though one is still very feeble, and with bed-sores upon her back.

Dr. T. H. Bache stated that the number of cases of yellow fever admitted into the Pennsylvania Hospital had been *twenty-three*; of these, *fourteen* had died, *seven* recovered, and *two* still remain. These cases were placed in the common wards, without any attempt to separate them from, or to prevent intercourse between them and the other patients, but in no instance had the disease been communicated to the latter.

STRANGULATED UMBILICAL HERNIA—OPERATION.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Mrs. W., of Portsmouth, aged 72 years, has had a reducible *umbilical* hernia for the last six years. Friday, Oct. 21, while reaching, in washing windows, a larger fold of intestine than usual protruded and became strangulated. She attempted, as usual, to reduce it, until Sunday evening. From that time until Monday morning, Dr. Oliver and myself made three attempts to reduce it by taxis, without succeeding, notwithstanding we kept ice on the tumor, gave a tobacco injection, and gave half-grain morphine powders every two hours, from half past nine in the evening until six Monday morning.

We then advised an operation as the only remedy that would save her life, but could not get her consent to it until Wednesday morning. Having at this time given up all hopes of relieving her, she said we might do with her what we pleased. With the kind and valuable assistance of Drs. Oliver and Curtis, and Mr. C. Kimball, I operated with entire success, without her feeling the least pain, she being under the influence of sulph. ether. We found in the sac both omentum and intestine, which were immediately returned, after severing the stricture, and the incision was brought together and fastened with stitches and adhesive plasters. A bandage was put around her, over a compress wet in cold water, and another cloth wet in cold water put on outside of the bandage, to be changed as often as it became warm. Immediately gave forty drops of M'Munn's elixir of opium, and continued to give from thirty to fifty drops of same every three hours until the grave symptoms had subsided and she was able to do with less. We kept the temperature of the room at 75° Fah. constantly through the case. From the hour of the operation the vomiting and other severe symptoms began to subside. Two small operations on the bowels took place same night. Gave a tablespoonful of castor oil Thursday evening, which operated kindly that night. We have given no other medicine except the above-named drops, with a little sweet spirits of nitre, and yet the bowels have been free.

The swelling and inflammation of the bowels gradually subsided, so that, at this time, the eighth day after the operation, the pulse is slow, regular and soft, skin cool, bowels free, with very little soreness, and she in a fair way to recover. Sits up a little each day. We are now giving her wine, and no other medicine. Respectfully, N. L. Folsom.

Portsmouth, N. H., Nov. 2, 1853.

POISONING BY COBALT OR ARSENIC.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In the Journal of October 26th, Dr. C. B. Galentine, of Rush, N. Y., reports a case of "Supposed Poisoning by Cobalt;" at the close of which he proposes the following questions, viz.:—

"1st. Is "cobalt" (as used to destroy flies) a poison? and if so,

2d. What are the characteristic symptoms?

3d. What is known of the treatment?"

As the subject is one of considerable importance, owing to the dangerous and very general use of the substance absurdly called "cobalt," as a fly-poison, I offer the following as a reply.

(1). Some of the salts of cobalt are irritants to some extent, but the article in common use under that name as a "fly-poison," is a very *pure ore of arsenic*, containing only slight or occasional traces of cobalt, commonly in the form of an arseniuret. Such being the fact (2), the "characteristic symptoms" (as in the case reported), and (3) the proper treatment in a case of poisoning from its use, will be the same as in an ordinary case of poisoning with arsenic.

Death and accidents from taking it are not unfrequent, and its sale and use as "cobalt" is a reprehensible and dangerous practice, which, from a due regard to human life, ought to be abandoned by druggists and discontinued by the medical profession.

Prof. B. Silliman, Jr., in his Chemistry, says, "This metal [arsenic] is known by druggists under the absurd name of *cobalt*, and is sold to destroy flies." Prof. Silliman, Sen., in his public lectures also denounces the practice as "dangerous and often productive of fatal effects."

Respectfully, J. Washington Smith, M.D.

East Franklin, N. Y., Nov. 2d, 1853.

UNITED STATES THERMOMETER.

[Communicated for the Boston Medical and Surgical Journal.]

A thermometer, adapted to the climate of the United States, has been graduated, and will soon be offered to the attention of the medical profession and the public.

In this thermometer, the 0 *point* is placed at blood heat, or 98° of F.; *boiling point*, 114° above 0; *fever heat*, 7° above 0; *summer heat*, 30° below 0; *congenial heat*, 36° below 0; *mean annual heat*, 50° below 0; *freezing point*, 66° below 0; *cold of snow and salt*, 98° below 0.

It will readily be perceived that the boiling point corresponds to 212° of Fah.; fever heat to 105° Fah.; summer heat to 68° Fah.; congenial heat to 62° Fah.; mean annual heat to 48° Fah.; freezing to 32° Fah.; and the cold of snow and salt to 0 Fah.

Blood heat is the habitual, universal standard of judging of the variations of heat in all parts of the world. It is quite as uniform as any of the other points that have been assumed as zero points, and is intelligible to the whole human race. Blood warm is almost the first sensation which

we experience in life. The infant learns it in the first draught from the maternal breast. The milk is *blood warm*, or 98° of Fah. In the temperate, the torrid, and the frigid zones, this heat is the same. It is universally known. In the torrid zone the freezing point, or the congelation of water, is never witnessed unless upon very high mountains, much less the cold of snow and salt, unless by way of experiment. The reduction of mercury to the zero point of Fah. is a nice chemical experiment, and would scarcely be produced by two persons in opposite parts of the world without a knowledge of each other's processes.

Water boils at 212° Fah., but the weight of the air must be at a particular point. If the barometer stands at 29 instead of 30, water boils before the mercury reaches the 212° point.

Water freezes anywhere between 40° and 32° Fah. Neither the boiling point, the freezing point, nor the cold of snow and salt, therefore, are very definite points, or points likely to be arrived at by people in different parts of the world, whose processes are unknown to each other.

The heat of the blood of healthy people hardly varies a degree in any climate or season. The internal cavities of the body preserve this degree of temperature with remarkable uniformity. In so popular an instrument as the thermometer should be, blood heat is therefore by far the most suitable point for 0. The mind naturally compares every change of temperature with the heat of the body, or a blood-warm sensation, and becomes confused when any other standard is appealed to. If blood heat be the 0 point, our sensations or feelings will conform to the changes of the thermometer, or that instrument to our sensations of heat and cold. To a majority of people Fahrenheit's thermometer is scarcely intelligible; and where it is, no little degree of thinking is required to compare the place of the mercury with the sensations of cold or heat. The reason is very plain; the graduation of the instrument does not conform to the natural order of our sensations and ideas.

The summer heat of Fah. is 75°. The average heat of our three summer months for the last twenty years is 68°. This appears from the published tables of Prof. Caswell of Brown University, Providence, R. I. Fahrenheit probably meant to express the mid-day heat of Amsterdam, in Holland, where he resided. In his time it was customary to make but one observation a-day, and that at noon or a little after it. By a table published in the Boston Almanac for 1848, by S. N. Dickinson, the average summer heat by the noon observation is 76½°. The summer and annual temperature of Boston and Providence probably are very nearly alike. Providence is half a degree south of Boston, but Boston is nearest the sea. The summer heat of the central parts of England is only about 62° Fah., 13 degrees below the "summer heat" of Fah. The summer heat point of Fahrenheit, therefore, has no adaptation to our climate nor the climate of England.

The *temperate point* of Fahrenheit probably expresses the annual mean heat of Amsterdam, deduced from one daily observation. The *mean annual heat* of our latitude at Providence, R. I., is 48° by the tables of Professor Caswell, 4 degrees below the temperate point of

Fahrenheit. The mean annual heat of England is 50°. The *temperate point*, therefore, of Fahrenheit, neither expresses the annual temperature of England nor of our latitude.

Fever heat is usually marked on Fahrenheit's scale, 112°. The heat of fever, according to Fordyce, is never seen above 105°. Hunter never found the heat of inflammation more than 102° or 3°, and it is doubtful whether the heat of fever is ever much higher than that of inflammation. The writers of Fahrenheit's time profess to have found the heat of fever much higher than their successors.

The mean annual heat of Virginia, at Richmond, is about 52°, and summer heat 77°. At Columbia, S. C., 4 degrees south, the mean annual heat is 57°, and the average heat of the three summer months 78°. This, however, is collected from only one table for the year 1851, by A. Fitch. At New Orleans, Mobile and St. Augustine, 4 degrees further south, the mean annual temperature is probable 60°, and summer heat 80°. Summer heat, by the mid-day observations at Columbia, for 1851, was 85°.

A thermometer should be an exponent of the most important facts in relation to heat and cold. The mean temperature of our summer is 68°. Under this temperature all our vegetables grow, and by it the health and longevity of our population is, in a measure, graduated. It is an important fact to be known by people in other parts of the world, as well as by ourselves. The mean annual heat of the latitude of the place where we live, is another important fact. This temperature, whatever it is, is the invariable temperature of the earth at the depth of 40 feet below the surface. The earth and the water, 40 feet below the surface, are in this latitude 48°. In Virginia, 52° or a little more. In South Carolina, at Columbia, 57°. In New Orleans, probably 60° or more. The temperature of spring water, in Boston and Providence, in summer and in winter, will be 48° nearly. In Virginia, 52°. In South Carolina, 57°. In Louisiana and Florida, 60° or 61°. In the southern States, spring water is comparatively a warm beverage.

No point can be of more importance than that particular temperature of the air in which the human body neither gains nor loses heat; in which it is carried off as fast as it is generated and no faster. If the temperature of the air is but one degree below blood heat, the body parts with heat, but not as fast as it is generated. Nor does this take place until the air is cooled down to 36° below the heat of the blood. If the air is above blood heat, the heat of the body is carried off entirely by perspiration. The heat becomes latent, as in steam, by the insensible vapor evolved. Perhaps, in many parts of the earth, habit may render a heat of 97° (one degree lower than that of the blood), not only tolerable, but comfortable, and attended with a sensation of coolness. The sensation of coolness, however, in our climate, does not begin until the temperature of the air has reached 62° Fah. The air then becomes *congenial.* The heat of the body is removed as fast as it is generated, and the sensation of a comfortable degree of coolness commences.

Congenial heat is 36° below blood heat, or 62° Fah. It is the average daily heat of our month of September, and of the last ten days of

May and the first twenty of June. It is the mild morning heat of the month of June. It must be understood that this point is applicable to the atmosphere in an ordinary state of dryness, or to the prevailing state of the air. In damp, easterly weather, even this temperature may often be too chilly. But in the prevailing state of the air, when the thermometer stands at 62° Fah., a person breathes free and easy, and can work, or play, or sit still, with perfect comfort. Both the temperature of the last of May and the first of June, and of September, are known by all medical men to be favorable to health and the cure of diseases. The vital powers are neither wasted in the production of heat to counteract cold, nor in its evolution by perspiration. And, perhaps, in nothing is the health of the body more concerned than in the generation and evolution of heat. In the month of September, and in the last third of May and the first two thirds of June, all diseases have a tendency to heal, and all pestilences to cease. The diseases of summer begin to abate in the congenial temperature of September, and those of winter are cured or ameliorated by the corresponding temperature of the last of May and the first of June. Could such a temperature be made continual, how much it would conduce to health and longevity! Now, it can only be obtained by frequent migration. In the months just named, this temperature is found in the latitude of Providence and Boston. In July and August, congenial heat would probably be found in Newfoundland; in Virginia, in October and April; in South Carolina, Georgia and Louisiana, in the months of November and March; in Cuba, in December, January and February; and in Philadelphia, in May. A more congenial temperature than has hitherto been discovered may yet be found in some of the steppes of the South American mountains, fanned by the breezes of the bland Pacific and sheltered from the east by lofty ridges.

The United States thermometer will be adapted to the latitude of Providence and Boston; to that of Richmond, Va.; Columbia, S. C.; and to New Orleans, Mobile, and St. Augustine. The summer and annual heat points will be different upon each of these latitudes. But to complete the instrument in this respect, the writer finds it necessary to obtain well-authenticated meteorological tables for as many as three different places at the south of us—viz., Richmond, Va.; Columbia, S. C.; and New Orleans, La., or St. Augustine, Fla. S. B. D.

Providence, R. I., Nov. 5, 1853.

THE PROFESSION AND THEIR LABORS IN HANCOCK CO., ILL.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I observed, in an editorial notice of the Lasalle County Medical Society, made in the Journal some time since, that you expressed a desire to know something further about the profession in that "far-off region"; and as this is still *farther* off, I give you a few items about the profession, and diseases, in "old Hancock."

In this County, with a population of about 17,000, there are thirty-

three regular physicians, and several others claiming the patronage of the public, as botanics, eclectics, and homœopathists. There is a very large quantity of patent medicines used by the credulous portion of the inhabitants, making not much over one half of the business fall into the hands of the regularly-educated physician. The county, as compared with other parts of the State, is but thinly settled; and the practice is exceedingly laborious. When, however, the uncultivated prairies are converted into "teeming fields," the business will be less arduous and more profitable.

One year ago, a few members of the profession formed the Hancock Medical Association, the regular meetings of which are quarterly. Not one half of the physicians in the county are yet members, but enough have united to give interest and profit to the meetings.

A majority of the physicians in the county are young men. There are a few veterans in the field, who lend honor and dignity to the profession.

The most prevalent diseases are remittent and intermittent fevers, dysentery, pneumonia and bronchitis. During the past summer there have been an unusually large number of cases of the above forms of fever, and more dysentery than usual. The opportunities for observing these fevers, their causes, and the best method of treating them, have been ample. The fevers have been mild, without much local complication, and consequently easily subdued by the anti-periodic influence of quinine. The dysentery has been more severe than in ordinary seasons. Many *plans* of treatment for it, have been used by the different practitioners. Which course of treatment has been most successful, I am unable to say. The "morphine treatment," recommended by Dr. Tallis, of Ohio, assisted by mucilaginous enemata, and occasionally blistering the abdomen, is the one used by myself, and the success has not caused me to regret adopting it.

The prairie land in the county is not much settled, most of the settlements being along the creeks and the Mississippi River; but so far as the prairie land is occupied, as many cases of the fevers have occurred, as along the creeks and river. This fact, with many others, will be hard to explain for those who contend for the miasmatic origin of the intermittent and remittent. But this—the causation of these fevers—is a fruitful theme, and this sketch will not permit me to say much in regard to it. At some future time, I may try to account for these fevers without calling in the aid of a specific poison—malaria. GEO. W. HALL.

Carthage, Hancock Co., Ill., Oct. 26th, 1853.

IODINE IN PHARYNGITIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As few northern journals have noticed my publications on the use of iodine in throat disease, I am induced to ask the favor of a small space in yours, which I understand has an extensive circulation, for the purpose of inviting the attention of physicians in the northern States to

the virtues of this remedy. The success which I have met with in the treatment of this troublesome and dangerous disease, by the local application of iodine, seems to justify further efforts to extend its usefulness. The following formula is of proper strength for most cases, but occasionally it causes a soreness which gives pain in yawning, or other action putting the parts on a stretch, in which case it may be reduced by the addition of water, or simple syrup, until it ceases to produce pain:—R. Iodide of potass., ʒ j.; iodine, ʒ ss.; water distilled, ℥ j.; sugar and gum Arabic, āā ʒ ij. M.

This is applied to the throat with a camel's hair brush, as often as the patient feels a tickling sensation and a desire to cough, which it promptly relieves. Generally it is sufficient to apply the brush to the back part of the throat, and the solution becomes diffused by the act of swallowing; but when the disease has extended to the glottis, or penetrated the larynx, it should be applied to the root of the tongue also.

The affection of the ear which nearly always attends this disease, is relieved by the simultaneous use of a weaker solution of iodine, with glycerine, as follows:—R. Iodide of potass., gr. vj.; iodine, gr. iij.; Water distilled, ℥ j.; glycerine, ʒ ij. M.

A few drops of this may be put into the ear once or twice a-day, or a little cotton may be introduced and worn in the ear after having been moistened with this solution. Frequently a stronger solution can be borne, but it is generally advisable to begin with the weaker, lest some pain and smarting be caused by it.

In your climate, where this throat disease is more common than in this, and more likely to lead to a fatal issue, this remedy must become proportionably more extensively useful; and when its virtues come to be generally understood, it will probably supersede all other local applications.

Memphis, Tenn., Oct. 25, 1853. A. P. Merrill, M.D.

HOMŒOPATHY.

[Communicated for the Boston Medical and Surgical Journal.]

Among the various systems of medicine now prevalent in the community, none seems to be so utterly absurd or so supremely ridiculous as that termed "homœopathy." All other systems (if systems they may be called) I believe are capable of sometimes producing marked and salutary effects upon the person who submits himself to their use. No one who has been so fortunate as to have emerged from the "steam box" alive, or who has had his gastric apparatus kept in a constant commotioa for nine days in succession by the continued use of lobelia, will deny but that there is *power* in "Thomsonism." And I presume those who have been duped into the belief that cold water is a universal catholicon, and have submitted themselves to be soaked in it from morning till night and from night till morning, would be quite as unwilling to admit that "hydropathy" was inert and powerless. Indeed, it cannot be denied, either by those who have experienced or those who have witnessed their effects, that the two forms of quackery in question are not only powerful, but that

they are *dangerously* powerful. While the continued and indiscriminate use of lobelia, by its stimulating and powerful narcotic properties, is sure to break down and destroy the healthy functions of the mucous surface, rendering it entirely insensible to its natural stimulus—the continued application of cold water to the surface of the body is equally as sure to paralyze and prostrate those delicate and very essential excreting organs with which the surface is studded. There can be no doubt that *many* lives have been sacrificed upon the shrine of Thomsonism; and there is as little doubt that its counterpart is to be found alone in hydropathy.

But what has been said of Thomsonism and hydropathy cannot be said of homœopathy. That stands alone in all its majestic absurdity. The command—"Thou shalt not kill," applies not to *it;* but there is another command, which says "Thou shalt not covet," that is as applicable to homœopathy as to other forms of quackery. That it is *entirely* inert and powerless, needs no argument to prove—that those who embrace and practise it are men who have more interest in the pecuniary profits of their trade, than in the welfare of their patients, or the promotion of science, needs still less. I presume that its most zealous adherents would not contend that fatal results would follow the use of their medicines (?) even in very large quantities, though they would argue that infinitesimal doses of the same would produce wonderful cures! And it requires a more credulous mind than mine to believe that any intelligent and honest-minded man can so stretch his imagination as to have any confidence in the medicinal effects of the homœopathic globules which he administers. It seems strange that with all the demonstrative evidences of the purely inert and harmless properties of those medicines (?), which have been held up to public gaze, there are yet those whom we regard as men of strong minds and sound intelligence, who give their countenance and influence to this degraded and degrading system of quackery.

It is presumed that the legitimate profession of medicine will *never* witness the entire expulsion of quackery from the world; and to determine how long homœopathy will be able to gloat upon the credulity and superstition of the people, is beyond the power of man.

Lewiston Falls, Me., Nov., 1853. P. Dyer, M.D.

ADJUSTMENT OF THE EYE TO DISTANCES—INEFFICACY OF MECHANICAL CONTRIVANCES TO RESTORE DEFECTIVE VISION.

To the Editor of the Boston Medical and Surgical Journal

Sir,—The intrusion, upon the notice of the profession, of an apparatus recently devised for elongating the axis of vision, by the restoration of the convexity of the cornea, induces me to offer, through the medium of your excellent Journal, the subjoined observations upon the physiology of the adjustment of the eye to distances, as well as upon the inutility of mechanical instruments towards the removal of this defective condition of the visual organs. As long as mechanism is cultivated as a science,

and applied with effect to the exigences of our physical desires, we appreciate the inventive genius that gives conception to a scientific idea; but however excusable the failure in reducing theory into definite and practical utility, as far as regards mechanical appliances, it would be incompatible with our mission and a proper hygienic care of our fellow men, to overlook its mischievous tendencies when applied upon erroneous principles to the refection of organic life; and in continuation I may be permitted to observe, that the artist who would portray and rectify the physical decay and organic lesions of living tissues without having previously cultivated an intimate acquaintance with those mysterious laws which influence and govern the organization of animal and vegetable life, well represents an unskilful painter, who, in transferring upon canvass some exquisite landscape scenery, without any acquired idea of the effect of distance, light and shade, destroys that beauteous harmony and magic unity which from a master-hand would form a vision of scenic beauty upon the enraptured mind.

The instrument which has more particularly excited the present observations, is a cup with an India-rubber ball, which, by compression, is exhausted of the atmospheric air upon the principle of a cupping-glass, but which, when applied to the eyes with the object of restoring impaired vision, will be followed by results necessarily injurious to the organization of these exquisitively sensitive organs. Now, whilst such an instrument could not, upon any established physiological principle, effect more than a transitory change of the axis of vision, which is primarily the result of vital action, coming under the influence of volition, it would (by enlarging the capacity of the conjunctival and sclerotic capillary vessels, through which flows the colorless blood as a necessary guarantee to the function of perfect vision) produce a condition of those vessels similar to a tonic inflammation, which in delicate constitutions, of a scrofulous diathesis, would be productive of consequences exceedingly injurious to the integrity and vitality of the eye.

The introduction of such a contrivance might prove very beneficial to the rising generation, by disabusing the public mind of the mania for wearing glasses, if it did not inflict upon the optics of individuals an evil of a still greater magnitude. The use of glasses is an evil, to say the least, particularly with young people. It is practised principally from a difficulty of adjusting the eye to distances, in consequence of some previous existing error in the constitution, producing increased or diminished circulation through the ciliary processes; but in these cases fashion, or affectation, or perhaps a combination of both, leads the patient to consult the store-keeper rather than the physician or surgeon, till, by the irritating use of improper glasses, functional derangement, induced by sympathetic disturbance, is converted into structural lesion of some part of the organ, which ultimately, from real necessity, requires artificial assistance.

The condition of vision to which this instrument is made subservient, is that change of its axis peculiar to the aged, who experience considerable difficulty in its adjustment to contiguous bodies, in consequence of the diminished refractive power of the cornea, and the inability to make use of that specific effort required in viewing near objects. It is an ina-

bility peculiar to advanced life, resulting from diminished innervation and loss of contractile tonicity of the ciliary and orbital capillary vessels, and is intimately associated with that climacteric period, which brings with it the snows of winter life and marks its descent down the valley of existence. This state admits of relief only by the use of convex glasses.

Assuming that the globe of the eye undergoes corresponding changes during adjustment, an hypothesis by no means tenable, and the only one upon which the cupping instruments have been constructed, it would be gratuitous to invest the cornea with this power of adjustment, since its action is principally mechanical and secondary, its declining convexity or flattening being *a priori* the result of diminished secretion and interstitial absorption of its albuminous constituents, and of the humors of the eye and crystalline lens, whose density in youth and the meridian of life contributed to maintain the brilliancy as well as the convexity of the cornea. Therefore, from the fact of this difficulty of adjustment being the result of vital changes in the organization of the eye, it is obvious that the convexity of the cornea can never be permanently restored, since upon the removal of the artificial means, however powerful, it (the cornea) will subside into its former defective condition, in consequence of its inherent elasticity.

If to the effect of mechanical pressure upon the globe, be exclusively attributed the essential convexity of the cornea and the faculty of adjustment of the focus to distances, to what purpose in the economy of the eye, independent of refraction, is the lens made subservient, especially when we know that the retina is the part upon which the visible impression of objects is received? Do we find, after the successful removal, by the operation of extraction, in lenticular cataract, any appreciable imperfection which may not be removed by the use of convex glasses? a circumstance from which it would be highly inconsistent, not to attribute to this body some more important and specific function. Must we not believe that its extraction, under the most favorable circumstances, will affect the adjustment to distances, and require the remedial application of artificial means for rectifying the defect? Till the converse be established by correct physiological deductions, this adjusting power and elongating function of the axis of vision, peculiar to the lens, will remain unrefuted. Composed of convex, laminated and concentric layers, which gradually increase in density from the circumference towards the centre, the lens is peculiarly suited either for refraction of the rays of light, or elongation of the axis of vision, as by this peculiarity of construction, in accordance with the correct laws of optics, the parallel rays of light are brought to a proper focus upon the retina. So far as refraction is concerned, the function of the cornea and lens, up to the meridian of life, may be considered vitally mechanical; but having passed the fiftieth year, that nervous tonicity by which mechanical action was sustained, evinces a disposition to flag, by which the function of the iris particularly becomes affected. Suspended before the lens in the aqueous humor, and forming a most important and indispensable auxiliary to that body, it specially contributes to distinct vision upon viewing

near objects, by limiting under contraction the spherical aberration of the lens, which is effected by the exclusion of the more divergent rays, that falling upon this body could not be brought to a correct focus upon the retina.

And, again, assuming that the integrity of the focus of vision was the result of the normal convexity of the cornea, we shall immediately perceive that this state of the cornea is the effect of causes consistent with modern physiological investigations. If, by contraction of the iris, whose pupillary margin may be considered as a sphincter muscle, a compression be produced upon the lens through the intervention of the ciliary processes, an elongation of that body will necessarily take place, under which circumstance a pressure would be directed outwards against the elastic spring of the cornea, increasing its convexity, and giving to it the necessary power of refracting the parallel pencils of light. In the adjustment to distant objects, the elastic properties of the cornea and lens, upon expansion of the iris, and consequent removal of its pressure, will restore them to their former sphericity.

Therefore (whether we attribute to the contraction of the iris, and its compression, through the medium of the ciliary processes, the resultant effect upon the cornea and lens, or with that distinguished physiologist, Dr. Bostock, look upon it as a singular peculiarity of the latter body, which, by increasing its own sphericity without altering the general form of the eye, gives it an augmentation of refractive power), the inability of adjustment peculiar to advanced life may be considered as the result of diminished innervation and loss of density in the humors of the eye, by which its acromatic power is rendered imperfect, so that the parallel rays of light are not brought to a proper focus upon the retina, by which the faculty of adjustment becomes impaired.

It is the same law that governs the wide domain of animated nature, equally affecting animal and organic life, from the sereing of the leaf to the waning powers of vision; it is, in fact, the consequence of the mutability of our nature, the inheritance of mortality, which by art may be temporarily propped up, but is physically beyond the possibility of reorganization.

I. B. Hallinan, M.D.

Boston, November, 1853.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 16, 1853.

Treatment of Throat Disease.—The attention of our readers is called to the important suggestions contained in the communication of Dr. Merrill, of Tennessee, in the Journal of to-day. Pharyngitis is so common among us, and its treatment so often attended with unsatisfactory results, that any recommendation respecting it from so respectable a source should receive the attention of the faculty. We hope to hear from those who have tried or may hereafter try Dr. Merrill's method of treatment.

Newly Graduated Thermometer.—An important and interesting paper on thermoscopics will be found in the Journal of to-day, from a medical gentleman in Providence, the writer of an article on Sensitive Attraction in this Journal for October 12th, and of a series of articles for our pages, on medical subjects, some ten years since. We know nothing further of this thermometer than what is learned from the article now published; but we can have little doubt, from the description given by the writer, from his ability, and the acknowledged inconveniences of the thermometer of Fahrenheit, that he has produced something that will meet with general favor and come into common use among us.

Medical Students.—From the accounts of correspondents, it seems there is something of a falling off in the classes at various schools the present season. The diminution in New York is said to be apparent. How it is farther South, will be known hereafter. From the West, similar intelligence is received. If these reports are true, it is not perhaps a matter of regret. Too many have rushed into the ranks. A fewer number would be better taught. Where the competition is urgent, the qualifications are apt to be below a proper standard. The bar is said to be crowded with lawyers; but they probably fall far short of the armies of young medical aspirants in every niche and corner of the Union. True, the vastness of the States and Territories seems to offer a field of sufficient dimensions to give them all sufficient employment; but unfortunately, such numbers cluster together in the cities, that they interfere with the prosperity of each other, and the few who do succeed bear only a small proportion to the hundreds who do not. A correspondent at Cincinnati, says that the Ohio Medical College has thirty students, the Miami Medical College twenty, and the College of Medicine forty—while the number at the Eclectic will considerably exceed one hundred. Why the so-called irregular school should out-number the others, can be explained in no other way than that the disgraceful quarrel in which some of the others were engaged a short time since, shook the public confidence in them, and prevented the attendance of students. The attendance at the Boston school is said to be larger than for the last two years.

Letters on Syphilis.—A translation from the French of the letters of the celebrated Ricord, by D. D. Slade, M.D., of Boston, is now ready for the profession. Dr. Slade has embodied in full the opinions of his author, and produced an admirable volume for the library. At the close he presents an analysis of the letters, which for ready reference will at once be appreciated. The book has the French form of binding, much lessening the cost, and placing it within the reach of every student of medicine. We intend to return to the subject again, and speak more fully of the merits of the work.

Spirit Works.—This is not a term original with us, but the title of a pamphlet by Allen Putnam, of Roxbury, Mass., embracing a public lecture delivered by the author in that city, and subsequently in Boston. After a close reading of the astounding revelations that purport to have been made to Mr. Putnam, from the spirit world, we have been unable to come to a definite conclusion in regard to the condition of the writer's mind. We do not question his integrity. He verily believes every paragraph to have

come directly from the abodes of disembodied spirits, and to be a revelation from those who were once inhabitants of the earth. There is no evidence of the workings of a disordered imagination or a wicked purpose. On the contrary, Mr. Putnam is too honest to allow even a thought to run riot, or a falsehood to have place in his compositions. A more extraordinary series of conversations were never penned—and yet upon his veracity he declares that Dr. Benjamin Franklin, the first Postmaster General of these United States, actually communicated the very words, facts and sentiments set forth in the lecture. It will unquestionably have an immense circulation, as it deals so largely in the marvellous. The factional state of many portions of this country is favorable to the promulgation of extravagances in psychological speculations as well as in theology. In the library of the medical superintendent of a hospital for the insane, this strange lecture might be appropriately placed, since for reference, in regard to these remarkable cases, it is far superior to the usually made-up *spiritual* stories. This is readily explained by the circumstance that Mr. Putnam is a gentleman who has been excellently well-educated. A man, however, may appear to be sound in judgment on all subjects but one, and be stark mad on that. A melancholy array of names might be cited, of amiable, worthy people, who are at this moment tenants of lunatic asylums, brought thither by the spirit-rapping mania. May a better destiny await Mr. Allen Putnam, who by his own showing, without intending to do so, is a worthy, good man, but most certainly pursuing a phantom, under the delusive idea of holding a direct intercourse with the inhabitants of other worlds.

Hydropathic Quarterly Review.—A new periodical, called "The New Illustrated Hydropathic Quarterly Review," comes to us from Messrs. Fowlers & Wells, New York, the unflinching advocates for the water cure, and the unterrified publishers of hydropathic literature. No doctrine can be presented so absurd, that some one does not adopt or advocate it; and no book can be sent forth which some one does not read. In accordance with this well-established fact, many will study this new Review, which is conducted with much talent and beautifully printed. We have derived a gratification from its pages, on account of the facts brought together, foreign as some of them are to the subject they were introduced to explain and strengthen. Notwithstanding the ability of some of the arguments in favor of water, there is an adsurdity in making this the remedy for every disease to which man is subject; and notwithstanding there are occasional glimmerings of good sense, the rules laid down for practice are in many instances worse than the disease they are intended to dislodge. Yet we would say to the members of the profession, that no one should allow his prejudices to prevent him from examining the pages of the Review, should it come in his way. We admire the energy of the publishers, who drive such a mass of hydropathic and phrenological matter through the press, which is of course paid for by somebody, and must yield them a liberal support.

Physician's Visiting List.—A copy of a convenient pocket memorandum, ruled, paged, and arranged so as to be exceedingly convenient for practitioners, should have been earlier acknowledged; but it is not too late to remind the profession that the excellent pocket book expressly designed for them last season, has been published for 1854, by Lindsay & Blakiston. Those who have once regulated their business engagements a single day by

this Visiting List, would not willingly dispense with such a ready prompter Of course, it may be found at all the respectable bookstores.

Institution for Diseases incident to Parturition.—J. Marion Sims, M.D. formely of Montgomery, Ala., has been obliged to leave the South, in consequence of ill health, and has established himself in New York, where he has opened an institution for the *diseases incident to parturition.* As the conductor of a specialty, no man is better qualified to give good counsel. Dr. Sims's paper on the treatment of vesico-vaginal fistula, gave him eclat among medical men throughout the country. We are happy to be instrumental in giving publicity to the new institution, not doubting that physicians will sometimes find it convenient to avail themselves of Dr. S.'s superior attainments in this particular line of his study and extensive experience.

Boston, November 7, 1853.

To the Editor, &c.—Sir,—Will you oblige the Medical Class of Harvard University, by publishing the accompanying correspondence, which has passed between Prof. Channing and a committee of the class?

Very truly, your ob't serv't,

Henry K. Oliver, Jr., *Chairman of Committee.*

Boston, November 3d, 1853.

To Prof. Walter Channing, of Harvard University.—Sir,—We take pleasure in informing you, that a regularly organized meeting of the medical class of Harvard University, was held this day, for the purpose of soliciting a copy of your introductory Address, for publication. The undersigned have the honor to be a committee appointed for that purpose. In expressing the hope that you will be pleased to comply with the universal wish of the class, allow us to assure you of our individual regard.

Henry K. Oliver, Jr.
Samuel A. Green,
Anson P. Hooker.

Messrs. Henry K. Oliver, Samuel A. Green, Anson P. Hooker.—Gentlemen,—I acknowledge the receipt of your note, communicating the request of the medical class that I would place in your hands a copy of my Introductory Lecture for publication. Accept for the class, which has paid me so high and valued a compliment, my very best thanks; and my regrets that no copy of my lecture exists, but in the mind of its author, and that I have thus no power to comply with their request, and am deprived of a pleasure which would be most grateful to me. Please accept for yourselves, and for the class, assurances of my sincere regard, and believe me most truly

Boston, Nov. 4th, 1853. Yours, W. Channing.

Dr. Marshall Hall.—Mention has already been made of the departure of Dr. Hall from Boston for New Orleans. The following note from him to Dr. Bennet Dowler, of the latter city, will show his object in repairing thither, and also an insight into his present views of the alligator experiments:—

"*Boston, Mass., Oct.* 5, 1853.

"Dear Dr. Dowler,—I had the pleasure to receive a kind note from you

some time ago, and your pamphlets the other day; for both pray accept my warm thanks. I only waited to write to you until I could state about what time I may be in New Orleans.

"From Boston, we go to Richmond, Va., to Charleston, Savannah, and Havana, and thence to your city. I suppose we may be at New Orleans at the close of December or in the beginning of the year. I hope then to make some experiments with you on your alligator. The great question is, I believe, as to *spontaneous motion* after the removal of the cerebrum and the cerebellum. The *appearance* of *design* is, I believe, deceptive.

"In any case, if we do differ in opinion, we must *agree* to differ.

"I am, dear Dr. Dowler, very faithfully yours,

"MARSHALL HALL."

The New Orleans Physicians.—Our respected confrère of the New Orleans Medical and Surgical Journal is assured that nothing was further from our intention than to cast a shadow of reproach upon the physicians generally of that city, in the allusion lately made in this Journal to the reported "inhumanity" of some of them. The account which was noticed in the papers afforded, as we thought, a favorable opportunity to bear our testimony against a vice or habit which appears so peculiarly odious in a physician, but which we all know is sometimes indulged in; and we therefore wrote freely and strongly—perhaps without sufficient thought—making reference to the particular locality only because it was mentioned in the notice referred to. We have been too long acquainted with many worthy physicians in New Orleans, have had too much evidence before us for years of the great merit of others of them, and know too well the self-sacrificing labors and perils through which they have all lately passed, to have a wish to do otherwise than to bestow upon them the high praise which we feel that they deserve.

Another medical school, called the Metropolitan Medical College, on the so-called medical reform plan, has been chartered, with university powers, and announces a course of lectures in New York next spring.

To CORRESPONDENTS.—The following communications have been received:—Mrs. Willard's Reply to Dr. Hunt; Professional Character; Extraction of Cataract; Cases of "Choking."

MARRIED,—At Syracuse, N. Y., Dr. Marcus Ames, of Marshfield, Mass., to Miss Jane A. Vandenburg, of S. Dr. A. is under appointment of the A. B. C. F. M. as Missionary Physician to the Gaboon Mission.

DIED,—In Boston, Dr. Robert Capen, a worthy, excellent man, 63.—At West Cambridge, Mass., Dr. N. S. Prentiss, 87.—At Brooklyn, N. Y., Dr. John M. Gough, 56.—At Pittsfield, Mass., Enoch Pierce, M D., 69.—In Shreveport, La., of yellow fever, Dr. R. L. Scruggs, 40. Dr. S. had acquired a large practice in the Parish in which he resided, and enjoyed an enviable reputation as a citizen. For the past year he has been one of the Corresponding Editors of the Southern Journal of Medical and Physical Sciences, published at Nashville, Tenn.—At Brooklyn, N. Y., Dr. William Hamilton, about 55, a native of Conway, Mass.

Deaths in Boston for the week ending Saturday noon, Oct. 12th, 84. Males, 48—females, 36 Asthma, 1—accident, 4—inflammation of the bowels, 1—inflammation of the brain, 2—bronchitis, 1—consumption, 19—convulsions, 3—croup, 6—dysentery, 2—diarrhœa, 1—dropsy, 3—dropsy in the head, 4—drowned, 1—infantile diseases, 7—puerperal, 3—erysipelas, 2—typhoid fever, 1—scarlet fever, 1—hooping cough, 1—hemorrhage, 2—disease of the heart, 2—intemperance, 2——inflammation of the lungs, 5—disease of the liver, 1—measles, 3—old age, 1—pleurisy, 2—teething, 2—unknown, 1.

Under 5 years, 30—between 5 and 20 years, 8—between 20 and 40 years, 25—between 40 and 60 years, 13—above 60 years, 8. Born in the United States, 53—Ireland, 26—England, 2—British Provinces, 2—France, 1. The above includes 2 deaths at the City Institutions.

Case of Sudden Blindness.—Dr. Van Buren reported to the New York Medical and Surgical Society a case of sudden blindness occurring in a negro, who after eating freely of fruit was attacked with colic, and then with nausea and vomiting, the bowels, however, remaining constipated. Immediately after the act of vomiting, the patient became completely blind, and in this state was admitted to the New York Hospital. He complained of no pain, and there were no febrile symptoms. The pupil remained sensitive to light, and there was no visible congestion about the eye. There were no symptoms of poisoning, and it was difficult to assign a cause for the blindness. As the bowels had not been moved for three days, a free mercurial cathartic was given, and the patient was cupped upon the temples, and afterwards upon the back of the neck. The result was a complete restoration of vision.—*New York Medical Times.*

Artificial Membrana Tympani.—The following note from Dr. Toynbee, of London, to the editor of the Medical Times and Gazette, refers to an invention which has been used to some extent in this country, but not, we believe, with any great success. We notice that the London Society of Arts have awarded to Dr. T. a medal for his invention.

"Allow me, through the medium of your Journal, to suggest to those medical men who are using the artificial membrana tympani, that when it is not in use it should be kept in water. By this means it retains its form, and is kept quite soft. As at present manufactured by Weiss, the artificial membrana tympani is made of vulcanized India rubber, not much thicker than ordinary writing paper. I find this material preferable to gutta percha, which is apt to wrinkle."

Coal Tar Products and Deodorized Alcohol of Philbrick, Atwood & Co., Boston.—We have received from these gentlemen specimens of benzole, rectified naphtha, toluole, coup oil, naphthaline and asphaltum, derived from coal tar, as prepared at their laboratory. Each barrel of the tar yields about half a gallon of benzole, 1½ gallon of naphtha, half a gallon of toluole, 5 gallons of coup oil, and 150 lbs. asphaltum. The first three are beautifully transparent and colorless, and strongly refract light. The coup oil is used as a lubricating oil, in place of the best sperm, to which it is said to be superior, and is the most valuable of the products as an item of manufacture. The benzole, and naphtha, and toluole, are used as solvents for copal, caoutchouc, &c., or for illuminating purposes. The naphthaline has been recrystallized from alcohol, and is in brilliantly white scaly crystals. The asphaltum answers the purposes of ordinary asphaltum for cements and varnishes.

The alcohol of Messrs. Philbrick, Atwood & Co., is deodorized by a process discovered by Mr. Atwood, in which manganic acid is employed. It is entirely deprived of whiskey odor and taste, and is admirably fitted for pharmaceutical use.—*Philad. Am. Journal of Pharmacy.*

Cholera.—M. le docteur Melier is on a mission from the French Government to watch the progress of cholera and its mode of treatment in England, and has had an interview with the Board of Health at Whitehall.

Cholera has made its appearance at Lambeth, Bayswater, and in the House of Correction and Cold Bath Fields, London. Cases have occurred at Ipswich and Grays, Essex.—*London Lancet.*